



BEACH HAVEN RESIDENT ASSISTANCE APPLICATION

TO QUALIFY: **APPLICANTS MUST BE PRIMARY (year round) RESIDENTS (Homeowners & Renters) IN THE LOW TO MODERATE INCOME RANGE OF THE BOROUGH OF BEACH HAVEN PRIOR TO HURRICANE SANDY ******

This is a FIRST COME, FIRST SERVE grant opportunity

All applications MUST BE in by Monday June 3rd, 2013

You must have suffered damage and loss from Hurricane Sandy

Priority will be given to seniors and families with substantial damage

Questions can be sent to bhsandyrelief@beachhaven-nj.gov

Applications can be sent to:

300 Engleside Avenue

Beach Haven, NJ 08008

- 1) NAME: _____
- 2) NAME OF SPOUSE: _____ (If applicable)
- 3) PHONE NUMBER: _____
- 4) CELL PHONE NUMBER: _____
- 5) PRIMARY ADDRESS BLOCK _____ LOT _____
: _____

6) MAILING ADDRESS:

*** Is this a temporary address?** _____

7) ARE YOU A RENTER? ____YES ____NO

***If yes, please provide proof of a lease agreement.**

8) INCOME RANGE FOR THE ENTIRE

HOUSEHOLD: _____

(Verification will be needed through a copy of your income tax or current pay stub)

***Low to moderate income means \$60,000 or less for a household (or \$15,000 per member, e.g. 5 X 15=\$75,000) If multiple incomes we will need all current tax returns)**

9) TOTAL NUMBER OF INDIVIDUALS IN HOUSEHOLD: _____

Adults: _____ **Children:** _____

Child 1: Date of Birth: ____/____/____

Child 2: Date of Birth: ____/____/____

Child 3: Date of Birth: ____/____/____

Child 4: Date of Birth: ____/____/____

***If more, please provide on separate sheet**

10) ATTACH PROOF OF RESIDENCY (IE DRIVERS LICENSE, UTILITY BILLS, PAY STUB, & LEASE AGREEMENT)

11) ATTACH A BRIEF (1 PAGE 2,500 WORDS OR LESS) DESCRIPTION OF THE DAMAGE AND LOSSES

12) ATTACH A BRIEF (1 PAGE 2,500 WORDS OR LESS) DESCRIPTION OF CURRENT NEEDS FOR HOME STABILITY (FOOD, CONTRACTOR SUPPLIES, GIFTCARDS FOR HOME ESSENTIALS, FURNITURE, APPLIANCES, PERSONAL & MEDICAL GIFTCARDS, & GAS CARDS)

13) Are you unemployed due to Hurricane Sandy? ____Yes ____No

If yes please provide unemployment ID number: _____

14) Do you have Flood or Homeowner's Insurance? ____Yes ____No

15) Have you applied for FEMA assistance? ____ Yes ____ No

If yes please provide FEMA ID number: _____

*Please note that all grants will be distributed in the form of a retail gift card appropriate to the applicant's needs.

*** No monetary funds will be directly paid to the applicants**

All applications will be reviewed by the Beach Haven Community Relief Committee

Certification by applicant and Signature:

The undersigned, by signature on this application, verifies that the above information is true and complete and that he/she has a valid need for funds. I understand that fraudulent representation or omission of any information requested is grounds for immediate refusal to grant emergency assistance.

I understand that the granting of emergency assistance is neither a right nor entitlement and that the Borough of Beach Haven shall have sole discretion in determining whether I qualify for assistance.

Signature: _____ Date: _____